



State of Arizona
Department of Education

Close Account Request	Today's Date
Empowerment Scholarship Account (ESA)	
Applicant Parent's Name:	
Student's Name:	
Reason for Close Account Request:	
Public/Charter School: Yes / No	
Different Scholarship: Yes / No	
Other: _____	
<p>I acknowledge by signing this request that I will no longer receive Empowerment Scholarship Account Funds, Any remaining funds in my ESA Account will be recovered by the Department of Education and will no longer be available for use.</p> <p>X_____</p> <p>ESA Account Holder</p>	
Internal Use Only Time Stamp (Date Received)	
Funds Recovered: \$_____	
Reviewed By:	